2002 (CAMPAIGN CON	TRIBUTIO	INS AND EXP	PENSES	S	State o	of Nevada
Seniors For Better Heathcare							
Name (prin	nt)		Office (if applicable)		- 1/-		ct (if applicable)
	30し Gol 子 dress (include city and zip cod		DRIVE	لين.	> Vegr	Tolophono No	9134
F-Mail Address 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
Select Ap	propriate Box(es) [CANDII	DATE X	PAC □BAG		OL PRTY	$\bigcap_{NDEXP} \bigcap_{A}$	/ MENDED
	Report #1 — Due A Office with a 2-year term Office with a 4-year term Office with a 6-year term BAGs only:	Period: Jan Period: Dec Period: Dec	2002 1. 5, 2001 — Aug. 22, 2. 20, 1998 — Aug 22 2. 6, 1996 — Aug 22, 3. 7, 2000 – Aug 22, 2	2, 2002 2002	(EN	FILED OCT 28 2002	· ·
X	Report #2 Due — (Period: Aug. 23, 2002					Secretary of State	lle
	Report #3 Due — C Period: Oct. 25, 2002 - BAGs only:	– Jan. 3, 2003	, 2003 25, 2002 – Dec. 5, 20 BALANC			FOR OFFICE USE ONL	(
This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any							
		tion" means a gr	NTRIBUTIONS It, loan, conveyance, de other than the services	posit, payme	nt, transfer i		
	. Total amount of monet	•		00	<u>-</u>	<u>\$3,500.00</u>	2-Food
2	2. Total amount of monet	•	•		-	0	
	Actual number of mone	•		·	<u> </u>		
	 Interest and income ea 		•			<u> </u>	
4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) 3,800.00							
5. Total amount of In Kind Contributions							
EXPENSES SUMMARY							
6	6. Total amount of monet	ary expenses	in excess of \$100		-	\$5444.47	<u></u>
7	Total amount of monet	tary expenses	of \$100 or less			<u> </u>	
8	3. Expense for filing fee				-	O	
9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8)					ough 8)	\$5 444.4	2
Remaining Balance (Subtract line 9 from 4)					<u> </u>	<u> </u>	
	10. Total amount of In Ki e under penalty of perjun		AFFIRM. going is true and co				-
Signature	MATTE			m and the		Date Executed	8-02 On
EL201.do	0	Re	evised: MAR-02			PAGE	of